

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: /503) 7 2. Type of Filing: Original Amendment to Items:	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. 11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) a. Official Depository FINANCIAL EDGE BAY CITY, MI 44708 b. Secondary Depository
	ence :
☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Rep. ☐ Sec. of State ☐ Attorney Gen.	and the second s
State Bd. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Appeals Court Circuit Court District Court Probate Court	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Municipal Court Local or other please specify: TOWNSHIP TRUSTEE 4e. District/Circuit # or Jurisdiction: BANGOR TWP.	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.
5. Date Committee was Formed: 02/16/2004 6a. Committee Phone #: 989-529-3334 6b. Committee Fax #: N/A	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address: NA	
6d. Committee Website Address: N/A	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
7a. Complete Comm. Mailing Address (May be PO Box):	** OR **
4193 SHERRY CT.	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically
Th. Complete Comm. Street Address (May not be PO Box):	voluntarily.
Treasurer Name and Complete Address:	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the
Howard Engle 36423TaTe St Bay City With	preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone #/ 6 4 4724 on 48706	VX felt Fish. All is an
E-mail Address:	Candidate ()
9. Designated Record Keeper Name and Complete Address:	
N/A	Current Treasurer 4-24-2010
Phone #:	
E-mail Address:	Designated Record Keeper (Required only if filing electronically)
FR101 CAN SO.doc REV 10/07: Authority granted under Act 388 of 1976, as	amended